

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 12-11-02

* 01-348

Christopher C. Cinnamon
307 North Michigan Avenue
Suite 1020
Chicago, IL 60601

2. Article Number (Copy from service label)

0023 0771 2504

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

12/30/02

C. Signature

X

☐ Agent
☒ Addressee

D. Is delivery address different from item 1?

☒ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

DOCKET NO

01-348

RECEIVED & INSPECTED

DEC 11 2002

RETURN RECEIPT

CERTIFIED

MAIL

ORDER DATED

12-11-02FCC 02M-112

MIMEOGRAPH NO.

REQUESTED

NAME: Christopher C. Cinnamon
307 North Michigan Avenue
Suite 1020
Chicago, IL 60601

C. R. R. NO.

BY

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage

\$

37

Certified Fee

2.30Return Receipt Fee
(Endorsement Required)1.75Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

4.42

Postmark

Here

DEC 23 2002

Name (Please Print Clearly) (to be completed by mailer)

CHRISTOPHER C. CINNAMON

Street, Apt. No., or PO Box No.

307 North Michigan Avenue

City, State, ZIP+4

CHICAGO, IL 60601

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 2504